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APPLICANTS

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** CONTINUING DATA ***** *None RL*** FOREIGN APPLICATIONS ***** *None RL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	DRAWING	CLAIMS	CLAIMS	
Verified and Acknowledged Examiner's Signature _____ Initials _____		CA	11	24	5

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TITLE

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